



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL
BOX 788250
MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 6010.6C
Code 0905
12 May 1995

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 6010.6C

From: Commanding Officer

Subj: MEDICAL EXPENSE AND REPORTING SYSTEM (MEPRS)

Ref: (a) DOD 6010.13M
(b) NAVHOSP29PALMSINST 6300.5A

Encl: (1) Man-Hour Data Collection Sheet, NAVHOSP29PALMS Form
6010/6 (Rev. 1/95)
(2) MEPRS Man-Hour Data Collection Sheet Guidance
(3) 29 Palms NavHosp Organization Codes
(4) MEPRS Definitions

1. Purpose. To establish guidelines and procedures for MEPRS reporting required by references (a) and (b).

2. Cancellation. NAVHOSP29PALMSINST 6010.6B.

3. Action

a. Comptroller shall:

(1) Serve as MEPRS Program Manager and will exercise management, direction and maintenance of the Command MEPRS Program.

(2) Assign a Primary and Alternate Command MEPRS Coordinator.

(3) Provide assistance in the technical review and interpretation of instructions, as necessary.

(4) Ensure accuracy and timeliness of data submitted to Naval Medical Information Management Center (NMIMC).

b. Command MEPRS Coordinator/Alternate shall:

(1) Facilitate monthly MEPRS workshop to:

(a) Provide training to the Departmental MEPRS Coordinators.

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(b) Review data collected for each reporting period.

(2) Provide assistance and training to Departmental MEPRS Coordinators.

(3) Be responsible for carrying out all aspects of the program, including collection, verification, and reporting of MEPRS data.

(4) Ensure that every departmental has a MEPRS Coordinator and an Alternate assigned in writing. (Updated semi-annually).

(5) Ensure all enclosure (1)'s are received within the specified time frames.

(6) Ensure final reports are submitted to MEPRS Program Manager for final review.

(7) Do monthly audits to ensure accuracy of data and compliance with this instruction and reference (a).

c. Department Heads shall:

(1) Assign responsible individuals to serve as the Departmental MEPRS Coordinator/Alternate.

(2) Integrate the requirements of this instruction into the daily tasks at their various workcenters.

(3) Administer the program as it relates to their respective areas, ensuring data is accurate, punctual and thorough.

(4) Review for accuracy and sign appropriate signature line of all enclosure (1)'s from their department.

(5) Ensure that all enclosure (1)'s are submitted to the Command MEPRS Coordinator no later than the first working day after the conclusion of the reporting period.

(a) The reporting period for MEPRS data is from the 26th of the previous month to the 25th of the current, or reporting month.

(b) All reports are to be submitted during the monthly MEPRS meeting.

(c) After that date all missing reports are considered delinquent.

d. Departmental MEPRS Coordinators/Alternates shall:

(1) Become familiar with the contents of this instruction and reference (a).

(2) Supervise data collection and verify data collected.

(3) Ensure all information required by the Command MEPRS Coordinator is submitted in the format and within time frames specified.

(4) Maintain data for two years to ensure an accurate audit trail.

(5) Attend schedule MEPRS meetings/workshops.

(6) Ensure Departmental Head reviews all enclosure (1)'s prior to submission.

(7) All military, contract,, resource sharing, and volunteer personnel shall:

e. All military, contract, resource sharing, and volunteer personnel shall:

(1) Report, on a daily basis, the actual number of hours expended at each MEPRS work center utilizing enclosure (1). (It is imperative that all hours be accurately reported).

(2) Use enclosures (2) and (3) to ensure that MEPRS sheet is completed properly and that all organizational codes pertaining to this Command and your workcenter are used.

4. Applicability. This instruction is applicable to all military, contract, resource sharing, and volunteer personnel aboard Naval Hospital Twentynine Palms, California to include borrowed personnel.

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5. New or Revised Form. The Man-Hour Data Collection Sheet, NAVHOSP29PALMS Form 6010/6 is being adopted in accordance with this instruction and can be obtained through Central Files.

A handwritten signature in dark ink, appearing to read "C. S. Chitwood", is centered on a light-colored rectangular background.

C. S. CHITWOOD

Distribution:
List A

| | |
|--|---|
| Department: _____ <div style="text-align: right;">(Org Code)</div> Reporting Month: _____ / Fiscal Year: _____ | Department Head Signature: _____ (Signature required) MEPRS Clerk Signature: _____ (Signature required) Individual's Signature: _____ (Signature optional) |
| NAME: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Last) (First) (MI) </div> SSN: _____ RANK/GRADE _____ | <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SKILL TYPES (Circle one) 1P - Physician 2 - Direct Care Professional 3 - Registered Nurse 4 - Direct Care Para-Professional 5 - Administrative/Clerical </div> <div style="width: 35%;"> STATUS (Circle one) - Military Staff Assigned to NH 29 Palms - Military Borrowed Labor - Partnership - Resource Sharing - Contract - Volunteer </div> </div> |
| <p style="text-align: center; margin: 0;"><u>REMINDER</u></p> <p style="margin: 5px 0;">TIME SHEETS ARE DUE TO THE COMMAND MEPRS COORDINATOR NO LATER THAN 1600 ON THE 26TH OR THE FIRST WORK DAY AFTER THE 25TH</p> | <p style="text-align: center; margin: 0;">PRIVACY ACT STATEMENT</p> <p style="margin: 5px 0;">Section 6311 of Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is by management to insure the accurate application of work hours. The collection of information concerning your Social Security Number is authorized by Executive Order 9397. Furnishing your Social Security Number is voluntary, but failure to do so may result in the inaccurate application of your work hours.</p> |

MAN-HOUR DATA COLLECTION SHEET COMPLETION INSTRUCTIONS

| GENERAL INFORMATION | REPORTING HOURS | AVAILABLE AND NON-AVAILABLE TIME |
|--|--|--|
| 1. Ensure all required sections are completed and legible. 2. List the department you are assigned, the reporting month and fiscal year. 3. Department Head and MEPRS Coordinator MUST sign all time sheets for their department. 4. Circle the skill type appropriate for you. Include your NEC (enlisted), NOBC (officers), MOS, or civilian government series occupation code. 5. In the STATUS section, circle the appropriate item that reflects your status at the hospital. 6. Staff personnel going to China Lake clinic to perform regular duties under orders: If travel is performed during normal working hours, put the travel time in the TAD row and the clinic work time in the appropriate China Lake Organization Code row. If travel is during non-working hours: disregard the travel time and only enter the appropriate work center time. | 1. List by ORGANIZATION CODE (not MEPRS Code) hours you perform duties. 2. The first row is time spent in your primary work center. Additional rows are provided for hours you spend working in work centers other than your assigned work center. (Example: You are assigned to Pediatrics and worked hours in OB). 3. List duties you perform on the appropriate day by the hour. You cannot record more than 24 hours on any one day. Hours after mid-night go on the next day. 4. Round off hourly counts to the nearest hour or add up short periods spent in a single work center for the day. 5. Daily hour counts are recorded from the 26th of one month to the 25th of the following month. Do not show hours for days that do not exist (e.g. Feb 30). Normal workday is 8 hours. You should normally reflect eight hours per day accounted for. If you have special liberty, list it as time type "3", non-available time. 6. USE ONLY HOURS TO RECORD YOUR TIME. Do not list shift codes or other acronyms. Hours only. 7. A full days leave is recorded as 8 hours not 24. You can record up to 40 hours of leave per week. 8. Block off REGULAR DAYS OFF with a line through the specific day (s). | 1. Attendance at medical boards or job related committee meetings is available time to the primary work center, unless you are directed to attend the meeting as an acting department head. Charge it then to your department heads work center or organization code. 2. Time spent TAD/TDY is non-available time. 3. Time spent attending in service proficiency training is available time charged to your primary work center even if the training does not take place within your work center. 4. Time spent attending to personal matters is non-available time as is time spent PCS/admin processing. 5. DUTY refers to that duty performed for the administrative function of the MTF for example; OOD. Duty at your work center is chargeable to your work center. Being in the MTF on a beeper is available time. Time not within the MTF on a beeper is non-available time. 6. Jury duty, parades, command formations (including committees and boards), is non-available time. 7. On call time not spent at the hospital, compensatory time, holidays, or organization down days are not reported. (A down day could be; A power outage closes the work center.) 8. Time spent working at home is charged to the work center where the individual is actually working. |

MAN-HOUR DATA COLLECTION SHEET PAGE 2

Reporting Time Types:

“P” - Reflects your Primary Work Center you are assigned. This will include all in-house meetings in support of the Command mission (E.g. department and directorate meetings, in-service training, etc.).

“O” - Reflects your performance of duties to a work center **IN ADDITION** to your primary work center

“1” - Reflects Annual Leave Status. Hours may NOT exceed 8/day or 40/week.

“2” - Reflects Medical/Sick Leave Status. Hours may NOT exceed 8/day or 40/week.

“3” - Reflects Non-Available work hours. This includes special liberty, in-processing/out-processing, command indoctrination classes, local non-health care related courses, Unauthorized absence (less than 30 days), command formations, and personnel inspections. Any other events listed as time type “3” must be identified below. See additional comments on backside concerning available and non-available time considerations.

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[illegible]

MEPRS MAN-HOUR DATA COLLECTION SHEET GUIDANCE

1. The following guidelines are provided to assist in the completion of the monthly MEPRS data input sheets:

- a. Department - This is the department to which the individual is assigned.
- b. Reporting Month - The month at the end of the reporting period.
- c. Reporting Fiscal Year - Fiscal year begins the 1st of October on one year and ends the 30th of September the following year (i.e. Oct 94-Sep95 is FY95).
- d. Name - The individual's full name for which hours are being reported.
- e. SSN - Full Social Security Number of the individual.
- f. Rank/Grade - indicates the member's pay grade (i.e.)O2, E4, GS5, etc).
- g. Skill Type - Enter one from the skill types provided.
- h. Occupation Code - List the Individuals NEC, NBOC, Gov't Series, etc.
- i. Status - Circle only one status type.
- j. Department Head/MEPRS Clerk/Individual Signature - Must have at least two of the three signatures to be completed.
- k. Organization Code - Annotate the code for the area in which the work was performed from the list in enclosure (3). DO NOT use MEPRS Codes.
- l. Time Type - Types are listed on the form. Use the organization code for your assigned duty section under the time type "P" for available time and time type "1,2, and/or 3" for non-available time. List separately all other available time performed to the duty section in which it was performed listing the organization code for each area with a time type of "0".

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m. Total Hours - Records the total hours for each row in which time is reported for the month.

2. Additional instructions for reporting available and non-available time are available on the back of the NAVHOSP29PALMS form 6010/6 (Rev. 1/95).

3. Time sheets will not be accepted by the Command MEPRS Coordinator without at least two of the three required signatures.

4. All time sheets are due to the Command MEPRS Coordinator by close of business the first work day after the 25th.

5. Do not report time for:

a. Regular schedules days off.

b. Holidays not worked.

c. Lunch time.

d. On call, not physically on board.

6. Time sheets for assigned civilian employees are not required. This does not include contract, partnership sharing, or volunteers.

7. Military members who are on leave or out sick only count 8 hours per day for regularly scheduled workdays. Do not count regular days off and holidays.

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29 PALMS NAVHOSP ORGANIZATION CODES

| <u>TITLE</u> | <u>DUTY TYPE</u> | <u>ORGCODE</u> | <u>MEPRS</u> |
|--|------------------|----------------|--------------|
| COMMANDING OFFICER | | | |
| Commanding Officer | military | 000000M | EBAA |
| Command Managed Equal Opportunity Coordinator | military | 000100M | EBAA |
| Command Master Chief | military | 000200M | EBAA |
| Career Counselor | military | 000300M | EBAA |
| Chaplain | military | 000400M | EBBA |
| Safety Program Manager | military | 000500M | EBBA |
| Total Quality leadership Coordinator | military | 000600M | EBBA |
| Comptroller | military | 000700M | EBBA |
| -Compt MEPRS Div | military | 000730M | EBCA |
| -Compt Suppl Care inpt | military | 000740M | FCAA |
| -Compt Suppl Care Output | military | 000741M | FCAA |
| DIRECTOR FOR ADMINISTRATION | | | |
| DFA | military | 010000M | EBAA |
| Personnel Mgt Dept | military | 010100M | EBCA |
| -PRSNL Mobilization | military | 010110M | GAAA |
| -Manpower Mgt | military | 010120M | EBCA |
| Staff Ed & Trng Dept | military | 010200M | EBFA |

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| <u>TITLE</u> | <u>DUTY TYPE</u> | <u>ORGCODE</u> | <u>MEPRS</u> |
|--------------------------|------------------|----------------|--------------|
| -SE&TD Medical Library | military | 010210M | EBFA |
| Facilities Mgt Dept | military | 010300M | EDCA |
| -FACMGT TranspDiv | military | 010310M | EDGA |
| Food Mgt Dept | military | 010400M | EIBA |
| -FMD Admin Dietetics Div | military | 010410M | EIBA |
| -FMD Clin Nutrition Div | military | 010420M | EIAA |
| -FMD Nutrition Education | military | 010430M | BALA |
| Management Info Dept | military | 010500M | EBCA |
| Material Info Dept | military | 010600M | EEAA |
| -MAT Biomed Equip Rep | military | 010620M | EGAA |
| -MAT Linen | military | 010630M | EHAA |
| Operating Mgt Dept | military | 010700M | EBCA |
| -OMD Security | military | 010710M | EDIA |
| -OMD Housekeeping | military | 010720M | EFAA |
| _OMD Central Files | military | 010730M | EBCA |
| Patient Admin Dept | military | 010800M | EJAA |
| -PAD Inpatient Affairs | military | 010810M | EJAA |
| -PAD Admissions | military | 010811M | EJAA |
| -PAD Outpatient Affairs | military | 010820M | EKAA |
| -PAD Medical Records | military | 010821M | EKAA |

Enclosure (3)

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| <u>TITLE</u> | <u>DUTY TYPE</u> | <u>ORGCODE</u> | <u>MEPRS</u> |
|-------------------------------|------------------|----------------|--------------|
| -PAD CHAMPUS | military | 010822M | FCAA |
| -PAD Decedent Affairs | military | 010823M | FDAA |
| DIRECTOR FOR NURSING SERVICES | | | |
| DNS | military | 020000M | EBDA |
| Family Hlth Nrs Dept | military | 020100M | AAXA |
| -FHND Multi Service Ward | military | 020110M | AAXA |
| Maternal/Infant Nrs Dept | military | 020200M | ACBA |
| -MIND Labor Clinic | military | 020210M | BCCB |
| -MIND Nursery | military | 020220M | ADBA |
| -MIND Mat/Infant Ward | military | 020230M | ACBA |
| Perioperative Nrs Dept | military | 020300M | DFBA |
| -PERIOP PACU (recovery) | military | 020310M | DFCA |
| -PERIOP Same Day Surg | military | 020320M | DGAA |
| -PERIOP Main OR | military | 020330M | DFBA |
| -PERIOP CSSR | military | 020331M | DEAA |
| Discharge Planner | military | 020400M | EBBA |
| Admin Nrs Watch | military | 020500M | EBDA |
| DIRECTOR FOR MEDICAL SERVICES | | | |
| DMS | military | 030000M | EBDA |

Enclosure (3)

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| <u>TITLE</u> | <u>DUTY TYPE</u> | <u>ORGCODE</u> | <u>MEPRS</u> |
|---|------------------|----------------|--------------|
| Internal Med Dept | military | 030100M | BAAA |
| -INT MED Inpatient Physician Time Only | | 030110A | AAAA |
| Military Sickcall Dept | military | 030200M | BHAA |
| -MSC Physical Exams | military | 030210m | BHBA |
| Mental Health | military | 030300M | BFDA |
| | Partnership | 030300R | BFDA |
| Emergency Med dept | military | 030400M | BIAA |
| | Partnership | 030400R | BIAA |
| Ambulance-Patient Transp | military | 030500M | FEAA |
| Pediatrics Dept | military | 030600M | BDAA |
| -PEDS Inpatient Physician Time Only | | 030600A | ADAA |
| -PEDS Immunization Clin | military | 030620M | FBIA |
| Family Practice Dept | military | 030700M | BGAA |
| | Partnership | 030710R | BGAA |
| -FP Inpatient Physician Time Only - MED | | 030700a | AGAA |
| -FP Inpatient Physician Time Only - OB | | 030720A | AGCA |
| -FP Inpatient Physician Time Only -PEDS | | 030730A | AGDA |
| -FP Inpatient Physician Time Only - GYN | | 030740A | AGEA |
| -FP Inpatient Physician Time Only-NURSERY | | 030760A | AGHA |
| -FP Comm Hlth Clinic | military | 030770M | BHFA |
| DIRECTOR FOR SURGICAL SERVICES | | | |
| DSS | Military | 040000M | EBDA |

Enclosure (3)

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| <u>TITLE</u> | <u>DUTY TYPE</u> | <u>ORGCODE</u> | <u>MEPRS</u> |
|---|------------------|----------------|--------------|
| General Surg Dept | military | 040100M | BBAA |
| -GEN SURG Inpatient Physician Time Only | | 040100A | ABAA |
| Orthopedics Dept | military | 040200M | BEAA |
| -ORTHO Inpatient Physician Time Only | | 040200A | AEAA |
| -ORTHO Cast Room | military | 040210M | BEBA |
| OB/GYN Dept | military | 040300M | BCCA |
| -Obstetrics Clinic | military | 040310M | BCCA |
| -OB Inpatient Physician Time Only | | 040310A | ACBA |
| -Gynecology Clinic | military | 040320M | BCBA |
| -GYN Inpatient Physician Time Only | | 040320A | ACAA |
| Anesthesiology Dept | military | 040400M | DFAA |
| -ANESTH Clinical Div | military | 040410M | DFAA |
| -ANESTH Consult Div | military | 040420M | DFAA |
| Dental | military | 040500M | CAAA |
| DIRECTOR FOR ANCILLARY SERVICES | | | |
| DAS | military | 050000M | EBDA |
| Occ Hlth/Prev Med Dept | military | 050100M | FBBA |
| -Occupational Hlt Div | military | 050110M | BHGA |
| -Industrial Hygiene | military | 050111M | FBCA |
| -Preventive Medicine Div | military | 050120M | FBBA |
| -Environmental Health | military | 050121M | FBEA |

Enclosure (1)

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| <u>TITLE</u> | <u>DUTY TYPE</u> | <u>ORGCODE</u> | <u>MEPRS</u> |
|---|------------------|----------------|--------------|
| Laboratory Dept | military | 0500200M | DBAA |
| -LAB Clinical path | military | 050210M | DBAA |
| -LAB Anatomical Path | military | 050220M | DBBA |
| -LAB Blood Bank Div | military | 050230M | DBCA |
| Optometry Dept | military | 050300M | BHCA |
| | Partnership | 050300R | BHCA |
| Pharmacy Dept | military | 050400M | DAAA |
| -PHARM Admin Div | military | 050410M | DAAA |
| -PHARM Dispensing Div | military | 050410M | DAAA |
| Physical Therapy Dept | military | 050500M | BLAA |
| Radiology Dept | military | 050600M | DCAA |
| | Partnership | 050600R | DCAA |
| EXECUTIVE OFFICER | | | |
| XO | military | 090000M | EBAA |
| Performance Improvement | military | 090100M | EBBA |
| Patient Contact Coord | military | 090200M | EBBA |
| Public Affairs Officer | military | 090300M | EBBA |
| Command Reserve Liaison | military | 090400M | EBAA |
| Health Care Planning | military | 090500M | EBBA |
| Health Promotion | military | 090600M | EBBA |
| COMMAND ADDITIONAL CODES AND TRAVEL CODES | | | |

Enclosure (3)

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| <u>TITLE</u> | <u>DUTY TYPE</u> | <u>ORGCODE</u> | <u>MEPRS</u> |
|---|------------------|----------------|--------------|
| General Duty | | XXXXXXX | EBAA |
| Medical Support to Other Medical Activities | | T010000 | FCDA |
| CME Travel - Medical Corps | | TO40000 | FALA |
| CME Travel - Medical Service Corps | | T041000 | FALA |
| CME Travel - Nurse Corps | | T042000 | FALA |
| CME Travel - Independent Duty Corpsman | | T050000 | FALA |
| Travel - Conferences - Other | | T060000 | FALA |
| EMT Training | | T070000 | FALA |
| CE Travel -Military | | T080000 | FALA |
| CE Travel - Civilian (Education) | | T090000 | FALA |
| DEPLOYMENTS, EXERCISES, AND READINESS SUPPORT ACTIVITIES | | | |
| Field/Fleet Exercises | | 0110010 | GBAA |
| Recall/Mobilization Exercises | | 0110020 | GBBA |
| Locally Conducted Readiness Training | | 0110030 | GCAA |
| Other Readiness Training (TAD Required) | | 0110040 | GCBA |
| Augmentation of other Units/MTF's, Etc | | 0110050 | GDAA |
| Readiness Physical Training | | 0110060 | GFAA |
| National Disaster Medical System (NDMS) Plans and Administration | | 0110070 | GGAA |
| NDMS Exercise | | 0110080 | GGBA |
| Peacetime Disaster Preparedness and/or Response | | 0110090 | EBGA |

Enclosure (3)

MEPRS DEFINITIONS

ADMISSION - The act of placing an individual under treatment or observation in a medical center or a hospital. The day of admission is the day on which the medical center or hospital makes a formal acceptance (assignment of a register number) of the patient who is to be provided with room, board and continuous nursing service in an area of the hospital where patients normally stay at least overnight. While the admission of a newborn is deemed to occur at the time of birth, these neonates are reported separately and excluded from the admission data. The following are also excluded from the admission count:

- Carded for Record Only (CRO) cases
- Transient patients
- Absent sick patients

AVAILABLE TIME - Those hours worked or expended to support the medical mission and work center functions, regardless of the physical location where the work is performed.

BASSINET DAY - A in which a live birth at the reporting facility occupies a bassinet at the census taking hours (normally midnight(. The stay must be continuous since birth and is not dependent on the status of the mother. This excludes days spent by infants in a bassinet on a pediatric nursing unit, pediatric or neonatal intensive care unit, or other nursing unit.

BORROWED LABOR - When a Medical Treatment Facility (MTF) borrows personnel. The salary of the borrowed personnel should be added to the requesting MTF and applied to the appropriate work center on the Direct Expense Schedule.

CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED SERVICES (CHAMPUS) - Program administered by each service that pays for care delivered by civilian healthcare providers to retired members, dependents of active and retired members of survivors of deceased members, and certain former spouses of members of the uniformed services to the United States.

CLINIC - A health treatment facility primarily intended and appropriately staffed and equipped to provide emergency treatment and ambulatory services. A clinic is also intended to perform certain nontherapeutic activities related to the health of the

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personnel served, such as physical examinations, immunizations, medical administration, and preventive medicine services necessary to support a primary military mission. A clinic may be equipped with beds for observation of patients awaiting transfer to a hospital, and for the care of cases which cannot be cared for on an outpatient status, but which do not require hospitalization. Such beds shall not be considered in calculating occupied bed days by medical treatment facilities.

CLINICIAN - A physician or dental practitioner normally having admitting privileges and primary responsibility for care of inpatients.

COST CENTER - An area where workload is performed requiring obligations for salaries, supplies, and equipment.

DIRECT CARE PARAPROFESSIONALS - Individuals other than clinicians, licensed or certified to deliver health care (i.e. MSC Officers).

DISPOSITION, INPATIENT - The removal of a patient (including live births) from the census of a medical center or a hospital by reason of discharge to duty, to home, transfer to another medical facility, death, or other termination of inpatient care.

FISCAL YEAR - The 12 month accounting period used by the Federal government (currently 1 October to the next 30 September).

FIXED MILITARY TREATMENT FACILITY - An established land-based medical center, hospital, clinic, or other facility that provides medical, surgical, or dental care.

FULL TIME EQUIVALENT (FTE) - An FTE is the amount of labor available to a MTF (work center) that would be available if one person had worked for one month in that work center, one FTE equals 168 hours.

GRADUATE MEDICAL EDUCATION (GME) - The years between undergraduate medical education and continuing medical education; it includes both residency and fellowship training.

HOURS/MINUTES OF SERVICE/TREATMENT - The elapsed time between commencement of service/treatment and termination of service/treatment.

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INPATIENT - An individual, other than a transient patient, who is admitted by a member of the medical staff for treatment or observation to a bed in a hospital.

JOB ORDER NUMBER (JON) - A job order number is a method of accumulating costs and posting accounting information by assigning number or codes to identify the various segments of work and accounting classifications.

LOANED LABOR - Includes those staff personnel whose services are temporarily unavailable to the Command because of emergency and contingency needs or because of the necessity to provide temporary medical or dental support to other commands.

MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM (MEPRS) - A uniform reporting methodology designed to provide consistent principles, standards, policies, definitions, and requirements for accounting and reporting of expense, manpower, and performance data by DoD fixed military medical and dental treatment facilities. Within these specific objectives the MEPRS also provides, in detail, uniform performance indicators, common expense classification by work centers, uniform reporting of personnel utilization data by work centers, and cost assignment methodology.

MEDICAL TREATMENT FACILITY (MTF) - A Navy, Army or Air Force medical facility directly involved in the provision of direct patient care and other authorized activities.

MEPRS ACCOUNT CODE - MEPRS employs an alphabetic coding structure with a maximum of four characters per code to identify work center (i.e. BAAA-Internal Medicine).

MEPRS MANUAL - (DOD 6010.13M). A DoD manual that prescribes uniform procedures for the reporting of expense and manpower data for fixed military medical and dental treatment facilities operations. This instruction applies to all Navy, Army and Air Force MTFs.

NAVAL MEDICAL INFORMATION MANAGEMENT CENTER (NMIMC) - The higher authority to which all MEPRS data must be reported each month and quarter. It maintains all Navy MEPRS data files.

NON-AVAILABLE TIME - Those hours expended in support of activities unrelated to the medical mission or work center

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functions. These activities include, but are not limited to, official leave, Permanent Change of Station (PCS) processing, medical visits or treatments, change of quarters, parades, formations. and details.

NON-PRODUCTIVE - A term associated with fiscal data that reports manhours or an individual that are not worked in the primary work center. These manhours are applied to nonproductive codes and job order numbers to obtain a more precise view of military labor distribution in Navy MTFs.

NON-REPORTABLE HOURS - Those hours not accounted for by a medical treatment facility because another facility has reporting responsibility or because the individual's time is not encompassed by available or non-available hours. An example is regularly scheduled days off, holidays not worked, lunch breaks, compensatory time taken.

OCCUPIED BED DAY (OBD)- A day in which a patient occupied an operating bed or bassinet at the census taking hour (normally midnight). The following are also counted as occupied bed days:

- Days on pass or liberty not in excess of 72 hours.
- A patient admitted and discharged on the same day, such as same day surgery. This excludes ambulatory surgery procedures performed in a clinic.
- Same day transfer out if patient is transferred to a non-military treatment facility.

When the patient occupies a bed in more than one inpatient care area in one day, the occupied bed day shall be counted only in the inpatient care area where the patient is located at the census-taking hour.

This definition excludes days during which the inpatient is subsisting out, on convalescent leave, on authorized or unauthorized leave, on pass in excess of 72 hours, or in a transient status.

Active duty military patients not requiring inpatient care, and assigned for administrative or other nonmedical reasons, shall not be counted as an occupied bed day.

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OUTPATIENT - An individual receiving health care for an actual or potential disease, injury, or life style related problem that does not require admission to a medical treatment facility for inpatient care.

OUTPATIENT VISIT - See definition of a visit.

PRODUCTIVE TIME - Hours that an individual(s) spends performing assigned tasks in their assigned work areas.

RECOVERY ROOM MINUTES OF SERVICE - The period of time beginning when the patient enters the recovery room and ending when the patient leaves the recovery room.

SUPPORT SERVICES - Those services other than medical, dental, nursing, and ancillary services that provide support in the delivery of clinical services for patient care, including laundry service, housekeeping, food service, purchasing, maintenance, central supply, materials management, and security.

TOTAL VISITS - The number of outpatient and inpatient visits for a clinic or medical facility.

UTILIZED HOURS - The total hours contributing to the completion of required work center functions. These may include work hours from assigned, detached, detailed, borrowed, contracted, or volunteer personnel.

VISIT - Health care characterized by the professional examination and/or evaluation of a patient and the delivery or prescription of a care regimen.

a. Visit Criteria. The three following criteria must be met before a visit can be counted:

(1) There must be interaction between an authorized patient and a healthcare provider.

(2) Independent judgment about the patients care must be used, assessment of the patient's condition must be made and any one or more of the following must be accomplished:

(a) Examination

(b) Diagnosis

(c) Counseling

(d) Treatment

(3) Documentation must be made in the patient's authorized record of medical treatment. Documentation must include at least the date, name of clinic, reason for visit, description of the interaction between the patient and the healthcare provider, disposition, and signature of the provider of care. (Repetitive clinic visits for prescribed treatment to specialty clinics, e.g., physical therapy and occupational therapy, will not require full documentation as stated above after the initial visit unless there is a change in the prescribed treatment. There must be final documentation upon completion of prescribed treatment). In all instances, a clear and acceptable audit trail must be maintained.

b. Classification. Classification of visit will not be dependent upon:

(1) Professional level of the person providing the service (i.e., physician, nurse, physicians assistant, medical technician/corpsman, or medical specialist).

(2) Physical location of the patient.

(3) Technique or methods of providing healthcare service (such as, telephonic, direct patient contact) when the criteria in paragraph a are met.

c. Types of Visits. The following types of visits are reportable when the criteria in paragraph a., above, are met:

(1) Inpatient Visit. An inpatient visit shall be counted for the following situations:

(a) Each time an inpatient is seen within the admitting MTF on a consultative basis in an outpatient clinic or in the physical examination and standards section for evaluation of profile changes.

(b) Each time contact is made by clinic or specialty service members (other than the healthcare provider from the treating clinic or specialty service) with patients on hospital units and/or wards, when such services are scheduled through the respective clinic or specialty service. (See

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paragraph c.(3)(c), below, for second opinions requested by patients). For example: A physical therapist being requested by the attending healthcare provider to initiate certain therapy regimens to a patient who is in traction and unable to go to the clinic; or a dietitian requested to come to the bedside of a strict bedrest patient to explain or delineate a particular diet. Conversely, a routine ward round made by a physical therapist or dietitian shall not be countable as a visit. (See paragraph d.(2) for the handling of all ward and/or grand rounds.)

(2) Outpatient Visit. An outpatient visit can be counted for the following situations:

(a) All visits to a separately organized clinic or specialty service made by patients who have not been admitted to the reporting MTF as an inpatient.

(b) Each time medical advice or consultation is provided to the patient by telephone, if the criteria in paragraph a., above, are met.

(c) Each time a patient's treatment and/or evaluation results in an admission and is not part of the preadmission or admission process.

(d) Each time all or part of a complete or flight physical examination, regardless of the type, is performed in a separately organized clinic or specialty service. Under this rule, a complete physical examination requiring the patient to be examined or evaluated in four different clinics is reported as a visit in each of the four clinics. (See paragraph d.(1), below, for the handling of occasions of services).

(e) Each time an examination, evaluation, or treatment is provided through a MTF sanctioned healthcare program, in the home, school, work site, community center, or other location outside of a DoD MTF by a healthcare provider paid from appropriated funds.

(f) Each time one of the following tasks is performed when not a part of routine medical care; when the visit is associated with or related to the treatment of a patient for a specific condition requiring followup to a physical examination; and when the medical record is properly documented in accordance with the criteria of paragraph a., above:

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- 1 Therapeutic or desensitization injections
- 2 Cancer detection tests (e.g., PAP smears)
- 3 Blood pressure measurements
- 4 Weight measurements
- 5 Prescription renewals (not including
refills)

(3) Multiple Visits. (Inpatient or Outpatient).

(a) Multiclinic Visits. Multiple visits may be counted if a patient is provided care in different clinics or is referred from one care provider to another care provider for consultation on SF 513. For example, a patient seen at the primary care clinic and at two other clinics the same day can be counted as three visits; or a patient visiting a clinic in the morning and again in the afternoon can be reported as two visits. However, to count two visits, the first visit must be completed; for example, the patient must have been evaluated, treated, and dispositioned, and the required documentation made in the medical record. Only one visit can be counted if the visit in the afternoon is merely a continuation of the visit in the morning; for example, a patient seen in the orthopaedic clinic in the morning, is sent to radiology for x rays, and returns to the orthopaedic clinic in the afternoon for continued evaluation or treatment. These rules apply even if the patient is admitted to an inpatient status immediately following a clinic visit. Also, two visits can be counted when an occupational or physical therapist provides primary care (patient assessment while serving in a physician extender role) and subsequently refers the patient for specialized treatment in the same clinic on the same day.

(b) Group Visits. Only the primary provider of group sessions may count one visit per patient if the criteria in paragraph a., above are met.

(c) Multiprovider Visits. When a patient is seen by more than one healthcare provider in the same clinic for the same episode of care, only one visit is counted per patient. If a second opinion is requested, a visit can be counted provided the criteria in paragraph a., above, are met.

d. Services Not Reportable as Visits

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(1) Occasion of Service. Without an assessment of the patient's condition or the exercise of independent judgment as to the patient's care, screening examinations, procedures, or tests are classified as an "occasion of service" because they do not meet the criteria of paragraph a., above.

(2) Ward Rounds and/or Grand Rounds. Ward rounds and grand rounds are considered part of the inpatient care regimen and are not counted as inpatient visits. Visits by an inpatient to an outpatient clinic for the convenience of the provider, and in lieu of ward or grand rounds, shall not be counted.

(3) Group education and information sessions that do not meet the criteria in paragraph a., above.

(4) Care rendered by provider paid from nonappropriated funds.

WORK CENTER - A discrete functional or organizational subdivision of a MTF for which provision is made to accumulate and measure its expense and determine its workload performance. The minimum workcenters for a MTF facility are established by the prescribed operating expense accounts. Additional subordinate workcenters may be established by the MTF facility. Generally the following criteria should be considered for establishing a workcenter:

- Have identifiable expenses.
- Have allocated physical space.
- Have allocated and/or assigned manpower.
- Have valid work output
- Have a uniqueness of service provided or expenses incurred, when compared to other established work centers.
- Have compatibility with the MTF organizational structure.
- Facilitate management decision-making process

Specifically, the following criteria shall be satisfied to establish a work center:

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- The performance of the function is one that is assigned or authorized by higher medical authority.

- Manpower (staffing) is assigned. Such staffing may or may not be authorized on the facility manning and/or staffing documents. In the areas of inpatient care, ambulatory care, and dental care, this is defined to mean that the medical or dental specialty or subspecialty is assigned.

- Physical space to accomplish the workload is allocated and utilized.

- Workload is generated.

If the aforementioned criteria are satisfied, then a work center shall be established and expenses identified, collected, and reported. If physical space is allocated and utilized for the performance of a function, and the specialty and/or subspecialty (in the case of a ward or clinic) is provided on some periodic basis, through consultative service, contract offices, TAD or TDY expenses shall be identified, collected, and reported only if they are considered to be significant by the MTF commander. Exceptions to the criteria, above, are:

- Reimbursement accounts
- Summary accounts
- Base operations accounts
- Holding or variance accounts
- Indirect cost pools

WORKING AT HOME - Work performed at home that is normally performed in the individual's work center in support of the MTF's mission.